Region IX
California
Arizona
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HEALTH FOR WESTERN FARM WORKERS

The Agricultural Workers Health and Medical Association was established in the Spring of 1938 with a two fold purpose, (1) to deal immediately with an acute emergency, and (2) to lay the foundation for a permanent rural health program.

There has been a succession of various types of seasonal, migratory labor in western agriculture for fifty years or more. Early in the present decade, due to a combination of causes, American family groups became the major source of field labor supply. Among outstanding causes for the transition were widespread drouths in the Plains States which, coupled with the general financial depression, forced thousands of farm families off the land. From 1934 to 1936 drouth and wind erosion was particularly severe. Coincidentally cotton acreage increased in California, creating seasonal work to attract the dispossessed families. The 219,000 California cotton acreage of 1935 was approximately doubled in 1936 and nearly trebled in 1937.

At the close of cotton picking in 1937, as the cumulative result of these and other factors, thousands of families who had earned only enough for subsistence in the harvests were in the San Joaquin valley and Southern California farming areas. In February 1938, their distresses were aggravated by severe floods. Suffering of the destitute families from exposure, malnutrition and sickness ran high. There were outbreaks of smallpox and typhoid. Most of the distressed group had been in California less than a year, so could not qualify

for state aid. They were living in tents, cabins, cheap camps and makeshift shacks. Some camped in the open with only the family car as partial shelter.

In this emergency, especially in the hardest hit flood areas, the Red Cross and other agencies joined Farm Security Administration in providing immediate shelter, food, nursing and other necessities to ameliorate immediate conditions.. But the emergency brought facts to public attention which showed the obvious need for a continuing, organized program of assistance. Protection of the health of resident populations as well as prevention of extreme suffering and loss of life among the impoverished families dictated action on an adequate basis.

The first step was to provide necessities in the way of food, clothing and shelter for thousands who could not pay for those essentials. They were not eligible for local assistance because of their limited length of residence in the state and counties. The Farm Security Administration established its grant program, under which surplus commodities, and cash relief are distributed, in February 1938. By the following April this assistance, administered on a basis of absolute need that could not otherwise be alleviated, was reaching 50,000 men, women and children.

By May 1938, the Agricultural Workers Health and Medical Association had been organized as a California corporation, with headquarters at Fresno.

Who Organized the Association?

California's serious rural health problem was recognized not only by the Farm Security Administration but by the State Relief Administration, State Department of Public Health, California Medical Association and numerous other agencies and individuals concerned with problems of public health and welfare.

Cooperation of these various groups was responsible for creation of the new health association which proposed to make medical treatment possible for impoverished migratory families. The principal cooperating agencies agreed, at the outset, that the Farm Security Administration should take the lead in financing and administering the Association.

When action was decided upon by Farm Security and its associates, in the 1937-38 emergency, Dr. R. C. Williams, Chief Medical Officer of FSA, came from Washington to California to give his assistance. In company with Dr. George M. Uhl of the State Department of Public Health, and Dr. Omer Mills, FSA regional economist, Dr. Williams made an extended tour of affected farm districts throughout the state. The party met with local health and relief groups in the counties, and subsequently final planning conferences were called in San Francisco by the several cooperating state and Federal bodies.

Previous experience of Dr. Williams with cooperative medical programs in other states, operated as part of the Farm Security Administration's general program of rural rehabilitation, was of great service in formulating plans for the Agricultural Workers Health and Medical Association.

The Association, as a result of these surveys and inter-agency discussions, was incorporated under state law in March 1938.

Why a Corporation?

It is impractical to make direct money grants to migrant families to pay for medical services, owing to the nature of their work. Harvest seasons may call the migrant from one district to another in the midst of medical treatment, making it practically impossible for the doctor to present a bill. Except as the migrant presents himself in person Farm Security Administration offices may lose track of him entirely during his travels.

For such reasons and because of obvious administrative benefits to be obtained, it was decided that the Agricultural Workers Health and Medical Association should be a Corporation. The Association was thus empowered to issue checks and perform all other administrative and operative functions in its own corporate name, at its own offices.

Technically, the Association is incorporated as a non-profit association for the purpose of mutual benefit and preservation of the health of its members. It may engage in any activities of medical or dental character relevant to this purpose, in California and also in other states.

Who Heads the Association?

Once the idea of corporate organization was adopted it became necessary to form a Board of Directors. This Board as constituted is representative of the principal agencies which cooperate to support the Association.

The Board consists of the Regional director, assistant director, finance director and economist of the Farm Security Administration; two members appointed by the California Medical Association; one member appointed by the California Dental Association; and one member appointed by the California State Department of Public Health.

These Directors, and specifically a General Manager and a Medical Director appointed by them, are charged with general administration and general policy making.

Who Finances the Association?

Farm Security Administration is chiefly responsible for financial support of the Association, which it started off with a fund of $100,000; but contributions from other sources may also be accepted. As of December 31, 1939, Farm Security had allotted a total of $1,334,842.72 for administration and operation of this health program.

Do Patients Pay for Treatment?

Every Association patient, on being admitted to membership in this organization, is pledged to repay costs of treatment when requested. Actually only a few patients will be able to pay such costs.

Repayment is a matter of conscience rather than compulsion. Nevertheless a number of patients have refunded part or all of their medical expenses, without being asked, and with the first money they were able to set aside.

Who is Eligible for Association Membership?

Bylaws of the A.W.H. & M. Association limit membership to persons of agricultural background who are (1) ineligible for aid from state or local agencies, and (2) are unable to pay for private medical care.

At the present time, members are being maintained on Association rolls as eligible and entitled to treatment even though they have spent the required one year in California or three years in Arizona necessary to acquire state residence.

The great majority of migratory families certified for Association assistance have also been found eligible for Farm Security Administration relief grants, and vice versa. For this reason, and in order to avoid the expense and trouble of several certifications or investigations, all FSA grant clients now automatically receive a card of membership in the Association.

What Does "Membership" Mean?

When the applicant for medical aid is accepted, he becomes a member of the Association and receives a membership card. His card will thereafter be honored at any office of the Association as long as eligibility is maintained. This avoids the expense and trouble of several re-certifications.

The psychological and social value of membership is also important. The migrant labor group does not lightly accept "charity" or "relief" status, which is felt to carry a stigma. Membership in this Association, carrying an obligation to pay for treatment whenever possible, is thus important to the typical patient's morale.

What Physicians Work With the Association?

When plans for the Association were being worked out, the California Medical Association invited the cooperation of its members in every rural district. Response was excellent, and has continued so.

Doctors, nurses, hospitals and pharmacists who will cooperate with the A.W.H. & M. Association and accept its patients list their names on a "panel of services" in each locality.

Are Physicians Paid Standard Fees?

One of the first acts of the agricultural health association's Board of Directors was to arrive at a fee schedule satisfactory to the California Medical Association. As eventually worked out, the schedule runs as much as 50 percent lower than standard rates for similar services.

The California Medical Association, in recognizing the serious need for medical care among the migrant group, saw that costs of treatment must be adjusted downward if the need was to be met. This was also the case with local medical practitioners and institutions, and their willingness to accept lower fees in order to perform a service of value both to needy individuals and to their communities cannot be too highly praised.

Can the Patient Choose His Physician?

Medical ethics require that a patient should have free choice of the doctor who will treat him, and this rule is fully accepted by the Association.

When a member is to be referred for treatment by the Association he is handed a list of all local cooperating physicians and hospitals. From this panel he may make his own free selection.

Where are Association Offices in California?

On May 4, 1938 the Association established regional headquarters at Fresno, and later in the month district offices were opened at Merced, Stockton, Tulare, Madera and Marysville. These and offices later based at Chowchilla,

San Jose and other strategic locations have been used as "referral" offices only. They are places where an applicant for medical aid can be investigated as to eligibility, certified for membership, and referred to a panel physician.

Originally the district offices were staffed with medical social workers who handled certification and referral. Later on, when certification was simplified and clinics were founded (see below), it was found advisable to replace the medical social workers with nurses.

Some Association offices and facilities are permanently located in areas where case load is high continuously. Most offices, however, must be "mobile" to answer the needs of the mobile migrant group. Thus facilities are apt to be removed from any district where harvesting is finished, and re-opened in the new harvest area to which workers have migrated.

How Does the Association Operate in Arizona?

Establishment of this organization in California was followed, in September 1938, by extension of Association health service to Arizona. Conditions among migratory families in the latter state were qualitatively as grave as in California at this time, though fewer people were affected.

Most notable difference between California and Arizona structure of the Association is the fact that all offices established in Arizona were, and still are, "diagnostic and treatment centers." At these centers minor injuries, infections and ailments can be treated by regularly employed nurses or by doctors who come in at a fixed fee per clinic morning, and such cases need not be referred outside.

Serious cases, diagnosed at the center, are referred as usual for treatment to a panel physician's office, or to a hospital under his care. Clinic visits are customarily rotated among the Association's cooperating physicians in each locality.

Diagnostic and treatment centers in Arizona are located in areas of migrant concentration, at Yuma, Phoenix, Buckeye, Safford, Avondale, Coolidge, Chandler, Eleven Mile Corner and Agua Fria.

This Arizona health program is administered and operated through the cooperation of Federal, state and local agencies, as in California.

Does the Association Operate at Migratory Labor Camps?

Arizona's first FSA migratory labor camp at Agua Fria included a clinic building as an integral part of its construction, and the same is true of camps now completed at Eleven Mile Corner and Somerton.

The clinic or diagnostic and treatment center system of Arizona is now being rapidly extended in California. All new camps will have clinic buildings, and these health centers have now been added to most of the existing camps.

The diagnostic and treatment center has been found capable of simplifying Association administration and operations, reducing costs, and at the same time permitting more extensive service to the patient.

What Are FSA Mobile Clinics?

The Farm Security Administration has built several mobile camps, which may be transported by truck and trailer to any area where migrant families are concentrated without adequate shelter. The camps are set up and dismantled with a minimum of time and effort. They provide tent platforms, sanitary and utility units, and plants for light and hot water.

Some of these mobile facilities are permanently mounted in trailers, and this is the case with mobile clinics which have been built to accompany the portable camps. Each trailer contains supplies, drugs and surgical instruments, and may be used by Association doctors and nurses for examinations and the limited treatment characteristic of the diagnostic and treatment centers.

What Services are Rendered by the State Department of Public Health?

This state agency is concerned exclusively with preventive medicine. Cooperating with the A.W.H. & M. Association, the Department's nurses and doctors continually tour rural areas to innoculate and vaccinate against communicable diseases. Very often Association clinics are the scene of this preventive work.

Public Health workers commonly refer cases in need of medical attention, discovered during their examinations, to the Association for possible certification and treatment.

The California Department of Public Health now uses automobile trailers in which doctors and nurses may quickly reach districts where epidemics threaten or immunization work is called for. Supplies and appropriate equipment are carried in the trailers.

What Treatments are Most Frequent?

At the end of the Association's first year an analysis was made of all services rendered. This survey found that the most frequent cause for treatment was digestive disorders (21%), closely followed by respiratory ailments (18.3%). Next in order of frequent treatment were deficiency diseases, infections, eye and annexa ailments, and obstetrical cases.

It is generally accepted that the high incidence among migratory workers of digestive, respiratory and deficiency diseases is chiefly due to poor and insufficient nourishment, lack of adequate shelter, and enforced neglect. The obvious common denominator of these causes is poverty.

Neglect of sicknesses and injuries, which are allowed to go untreated either through lack of available care or lack of money to pay for care, is considered responsible for the fact that 25 percent of all Association cases must be hospitalized for treatment. On the other hand, the fact that better than 90 percent of the babies born to migrant mothers are now born in hospitals, thanks to the Association, is a matter for gratitude.

Why Are Some Prescriptions Filled at Grocery Stores?

One of the first cases treated by the Association was a sick baby, whose mother was referred to a child specialist. The specialist found that the baby needed no medicine but proper foods which his mother had been unable to buy. The prescription - for orange juice, milk, strained vegetables and the like - could be filled only at a grocery store.

This kind of diagnosis and treatment has been repeated often. Consequently the Association has arranged to pay a medical grocery bill just as it pays the druggist.

How Many People Has the Association Treated?

As of December 31, 1939, medical aid had been given to 25,680 individuals in California and 10,742 in Arizona. These men, women and children came from 11,224 and 5,145 families in California and Arizona respectively.

The need of a great number of people in the migrant class for medical attention was demonstrated early in the Association's history. Within two weeks after the Fresno office was opened 500 people applied for assistance, and heavy demand for aid has been present ever since.

What Gains Have Come From Association Work?

Reports coming in every month from Association offices and clinics show a steady improvement in the health of the migrant group. Besides individual gains, communities where agricultural labor is performed have also been benefitted tremendously from this health work. A people whom poverty and neglect makes prey for disease, and who can spread contagion into widely separated areas, must be a major source of epidemics. But now it is possible to dry up this source. The fact is there have been no dangerous epidemics in California or Arizona since the A.W.H. & M. Association was established.

A gain to the state and county has been registered through the assumption of a large part of the rural case load by the Agricultural Workers Health and Medical Association, and thus by the Federal Government. This burden is, of course, one of costs as well as treatment.